



Town of Tonawanda Youth, Parks & Recreation

Jefferson Kids Club Scholarship Application

Application Instructions:

- Complete this application in its entirety
- Attach your program registration form for the program(s) you are requesting scholarship support for
- Attach last year's W-2 form(s), or last year's tax returns, or 4-consecutive weeks' worth of paystubs from all parent(s)/guardian(s) living at the address listed

For Office Use Only:

Date application & registration form received: _____
 Date application reviewed: _____ CDBG Income Eligible: Y N
 Total Program fees: _____ % Granted: _____ Amount Due: _____
 Payment Due Date (5-business days from date contacted): _____

Qualifying Household Income Limits:	<u>1 person</u> 43,500	<u>2 persons</u> 49,700	<u>3 persons</u> 55,900	<u>4 persons</u> 62,100	<u>5 persons</u> 67,100	<u>6 persons</u> 72,050	<u>7 persons</u> 77,050	<u>8 persons</u> 82,000
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Submit application to 299 Decatur Road,
 Attn: Nicole Fields, fax to 831-1006, or email
 to jefferson@tonawanda.ny.us.

Primary Household Contact Name _____ Secondary Household Contact Name _____

Street Address _____ Town, State, Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Primary Household Contact's Employer _____ Secondary Household Contact's Employer _____

Employer Address _____ Employer Address _____

Position Title _____ Position Title _____

Name of Participant	Age	Months Registering For	Amount Requested
_____	_____	_____	_____
_____	_____	_____	_____

Please list all types of aid that your family currently receives/qualifies for (i.e. State or Federal aid, food stamps, free/reduced lunch, etc.): _____

Please share your reason for requesting scholarship support: _____

I certify that all the information listed is true and accurate. If any information listed is determine to be false, I understand that my application will be overlooked and terminated.

Applicant's Signature _____ Date _____

Email Address: _____

Monthly Gross Income Worksheet

Household Monthly Wages: \$ _____
 Household Monthly Disability: \$ _____
 Household Monthly Unemployment: \$ _____
 Household Monthly Child/Spousal Support: \$ _____
 Household Monthly Social Security: \$ _____
 Household Monthly Pensions/Retirement: \$ _____
 Other State or Federal income/aid: \$ _____
 Other monthly income/support: \$ _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Household Number Worksheet

Number of adults (19+): _____
 Number of children (18 and under): _____
 TOTAL number in household: _____

Are you married/civil union? ____ No ____ Yes

Demographic Information – For reporting purposes only

Is the child of Hispanic, Latino, or Spanish origin?
 Yes No

How would you describe the child?
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White or Caucasian